

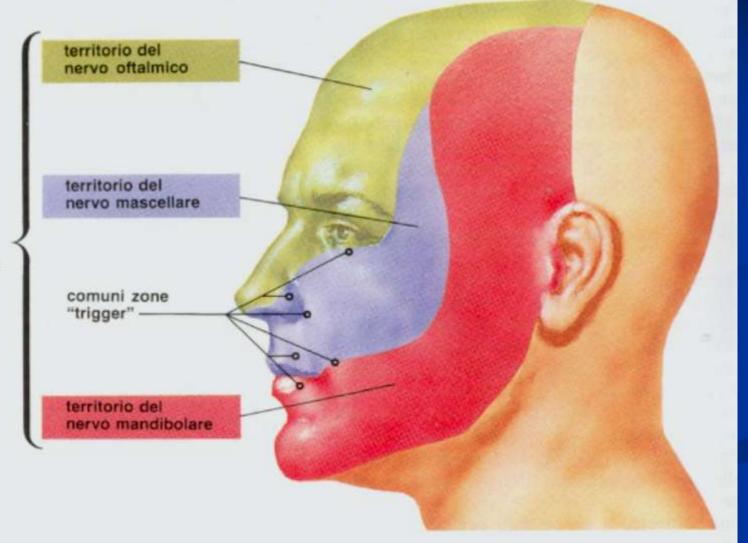
# NEUROCHIRURGIA FUNZIONALE E SPINALE POLICLINICO A. GEMELLI UNIVERSITA' CATTOLICA ROMA

# TERAPIA CHIRURGICA DELLA NEVRALGIA DEL TRIGEMINO

M. MEGLIO

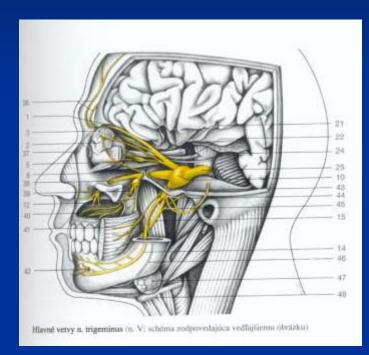


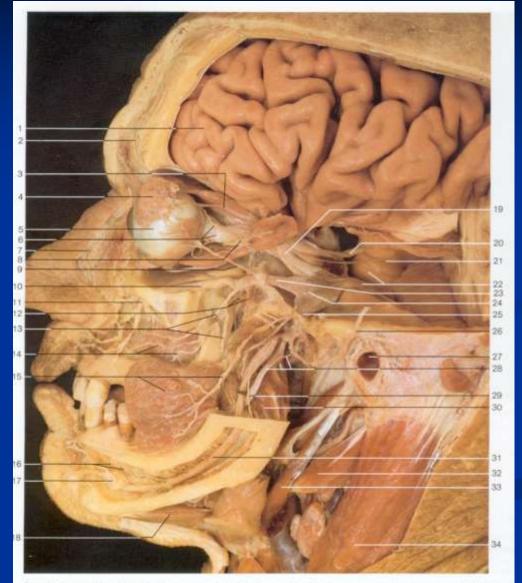
territori di innervazione cutanea delle branche del nervo trigemino, dove può localizzarsi il dolore in una nevralgia trigeminale





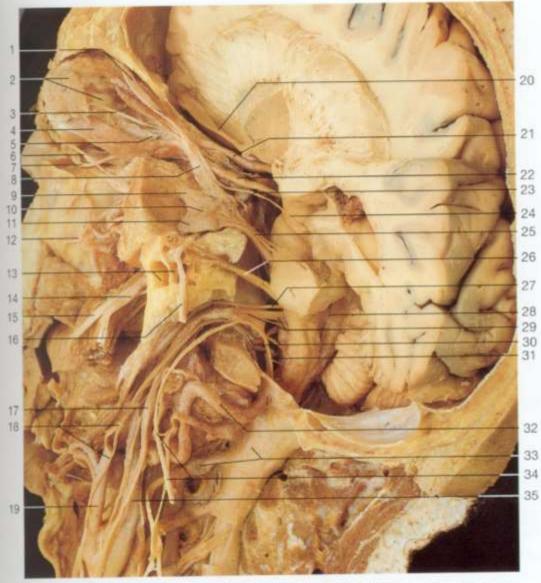






Prepurát n. trigeminus. Laterálna stena mozgovej časti lebky a orbity, ako aj arcus zygomaticus a ramus mandibulae odpreparované. Canalis mandibulae otvorený





Mozgové nervy v spojení s mozgovým kmeňom (pohľad zľava zhora). Ľavá polovica klenby lebky a mozgová hemisféra čiastočne odstránené. Zreteľná poloha ganglion trigeminale



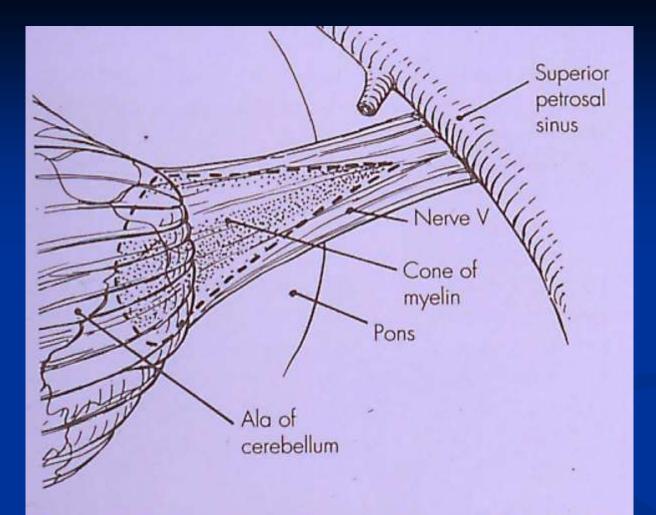
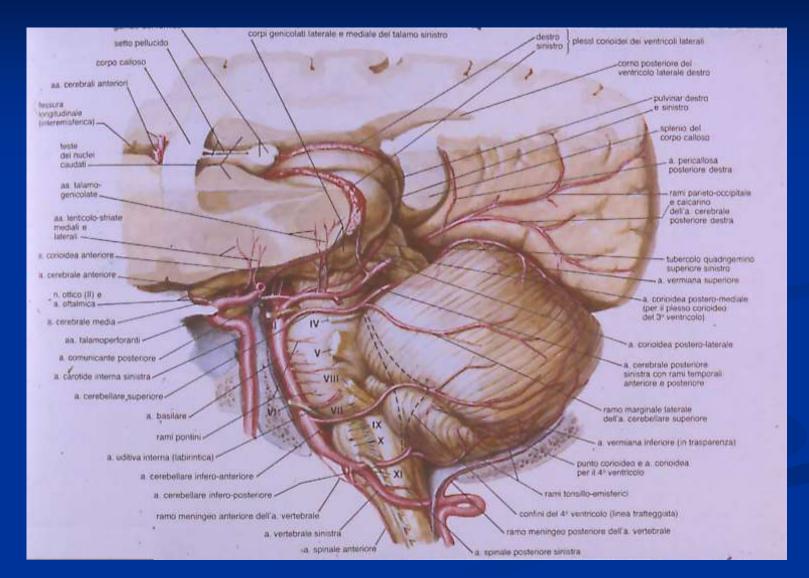
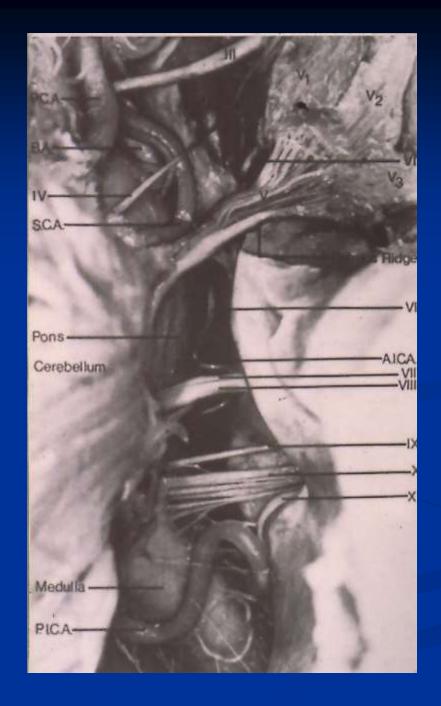


Figure 78-3. Central myelin extends a considerable distance from the nerve. This implies that the junctional area of central and peripheral myelin can be at or near the area of Meckel's cave. The nerve is protected on the rostral-anterior aspect by the motor-proprioceptor fascicle.











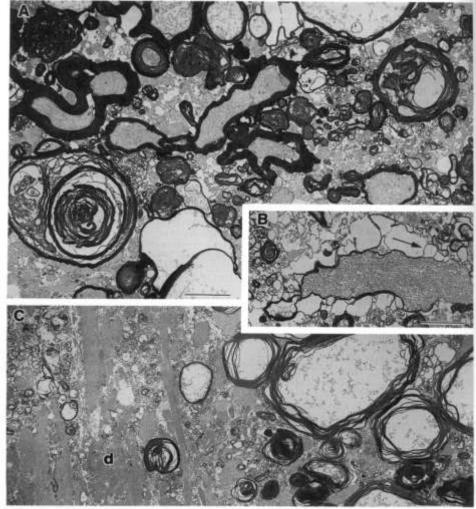
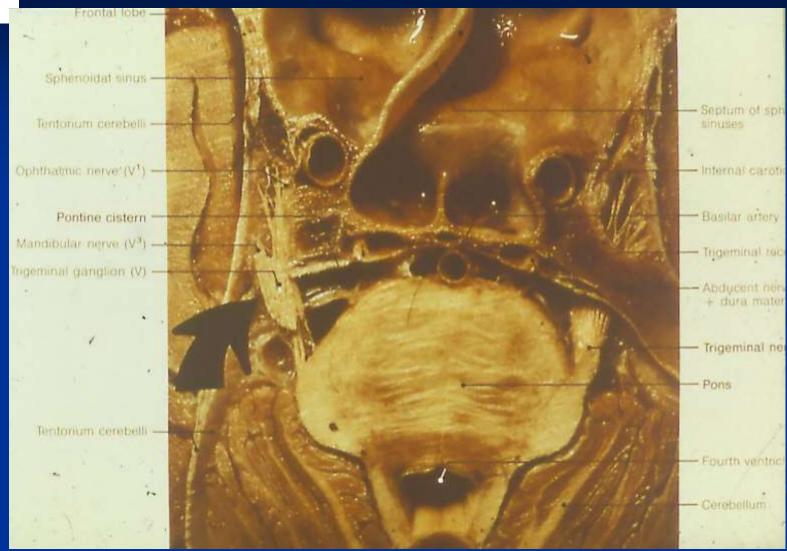
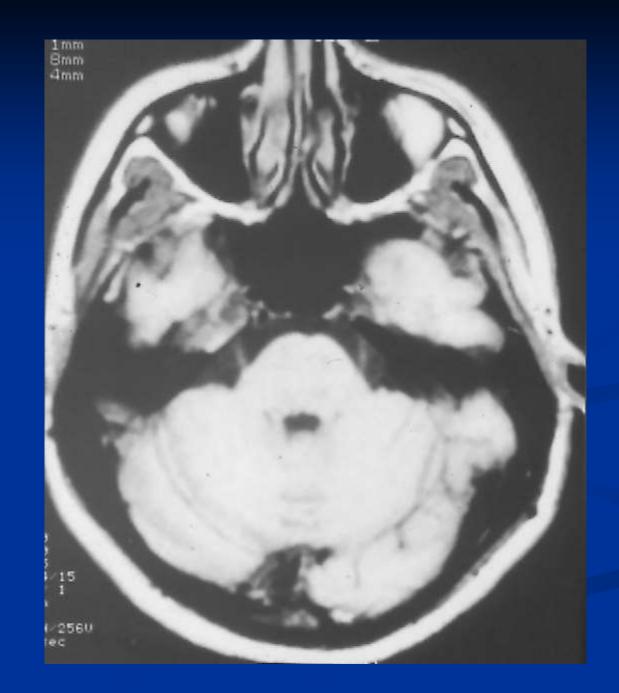


FIG. 2. Tissue disorganization in a trigeminal root biopsy specimen. (A) Many of the axons in this micrograph show swelling and myelin delamination with expansion of interlumellar spaces (e.g., lower left). Others have been stripped of myelin, whereas a few are relutively intact (e.g., the axons sectioned longitudinally near the upper left). (B) A longitudinally sectioned axon undergoing demyelination. The far-right portion of the myelin has been stripped, leaving debris vacuousles (liposomes, arrow), but some compact myelin remains on the left portion. (C) A transition zone showing nearly complete demyelination on the left, with numerous closely apposed demyelinated axons (d). On the right, fibers show dysmyelination, including axonal swelling and lossening of myelin lameliae (detamination). Scalebars in A and C = 5 µm, B = 2 µm.

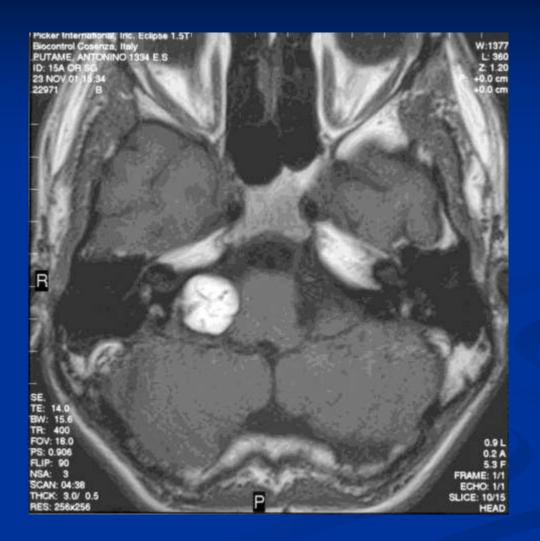








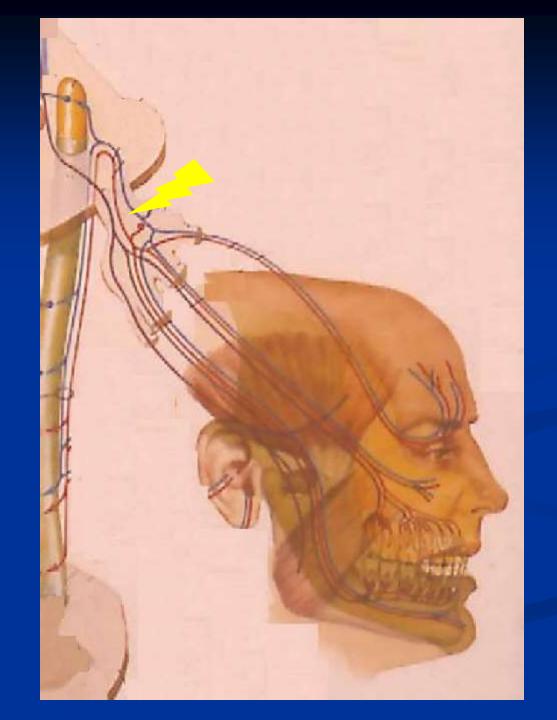




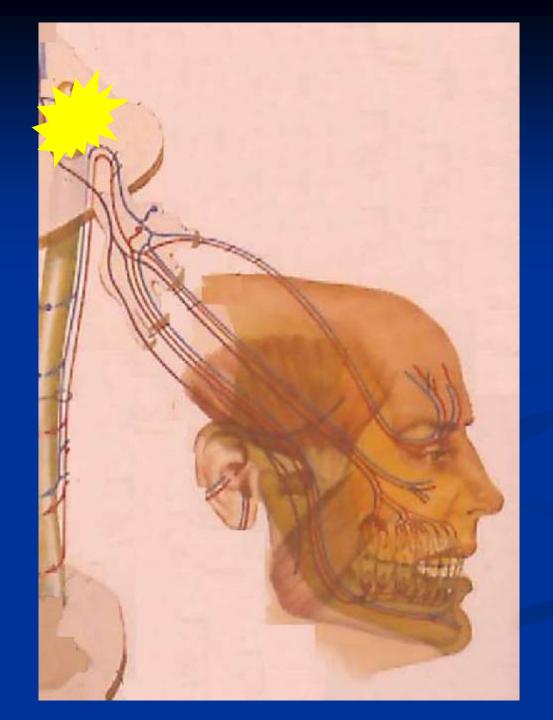




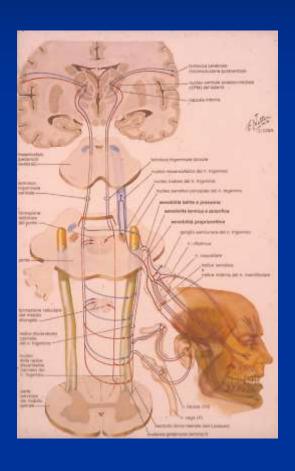


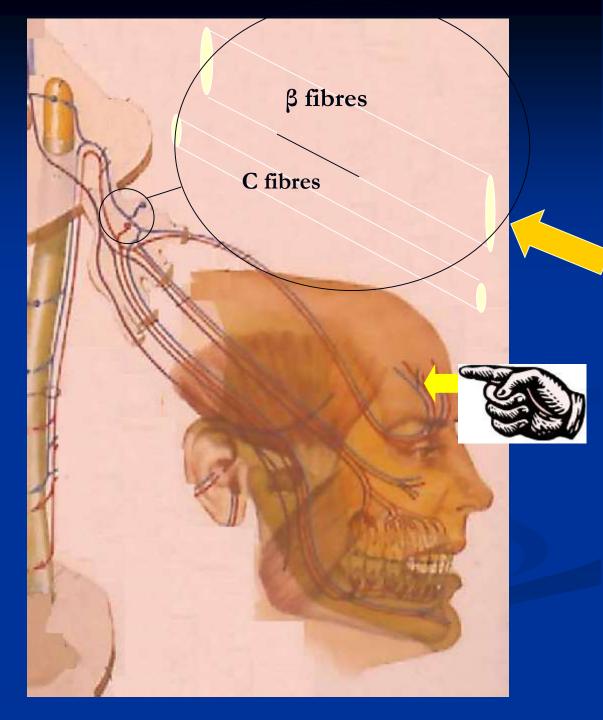












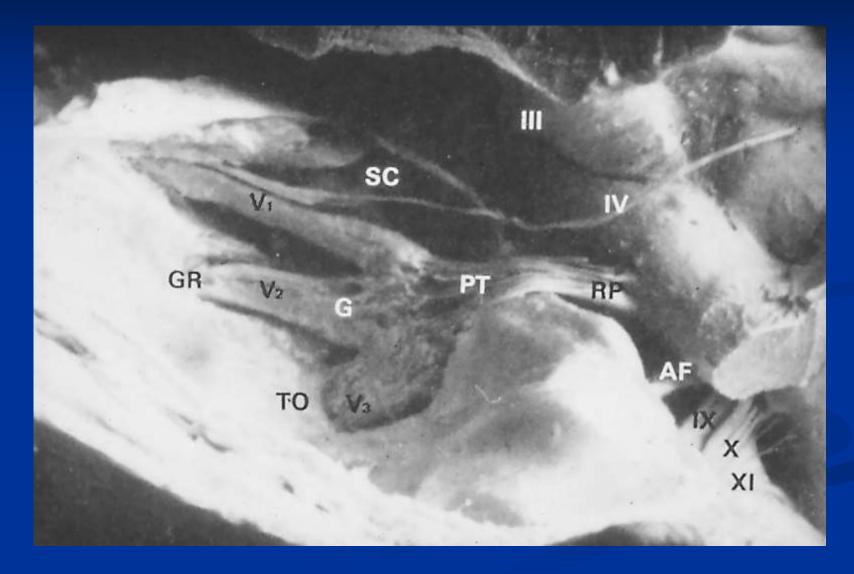


## SURGICAL TREATMENT OF TRIGEMINAL NEURALGIA

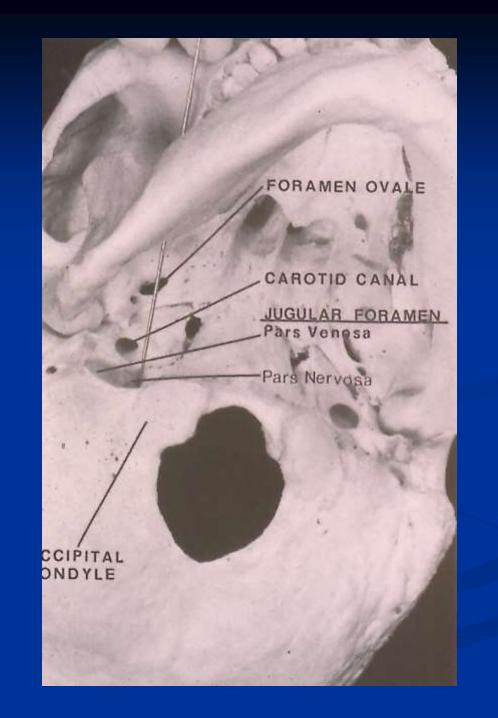
#### Lesional procedures

- Thermocoagulation of the Gasserian Ganglion
- Neurolysis with glycerol
- Percutaneous microcompression
- Stereotactic radiosurgery

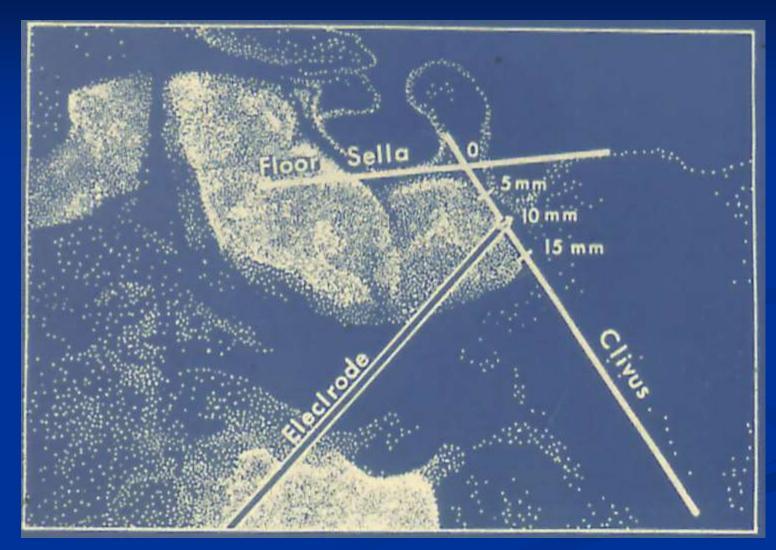




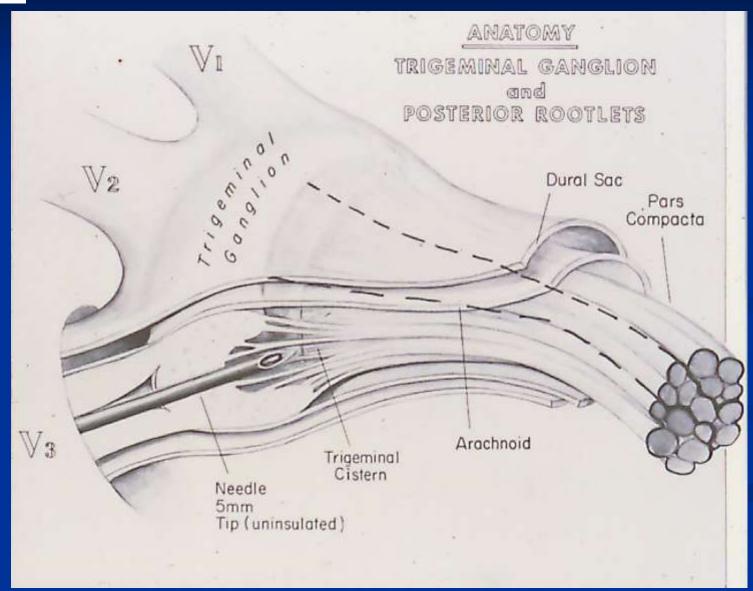




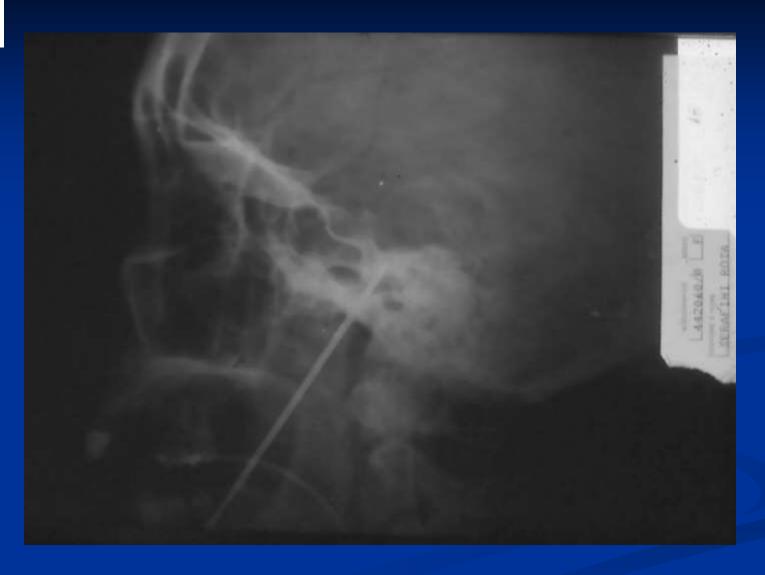








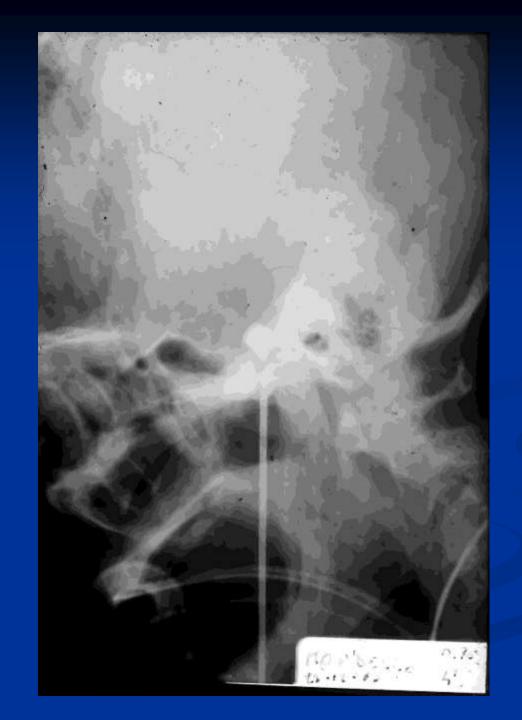




















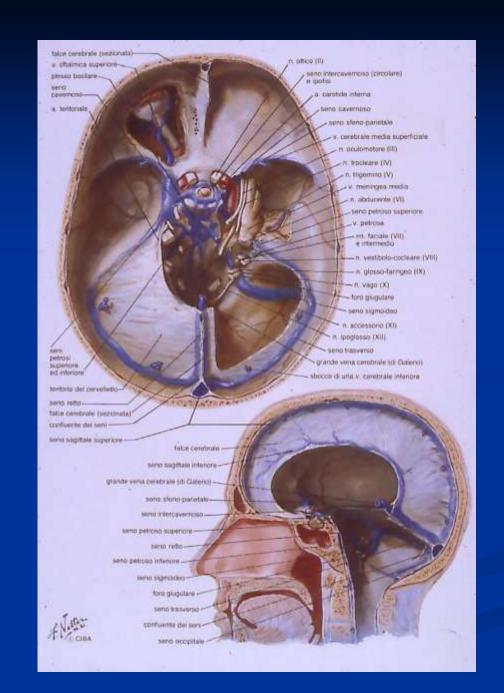


## SURGICAL TREATMENT OF TRIGEMINAL NEURALGIA

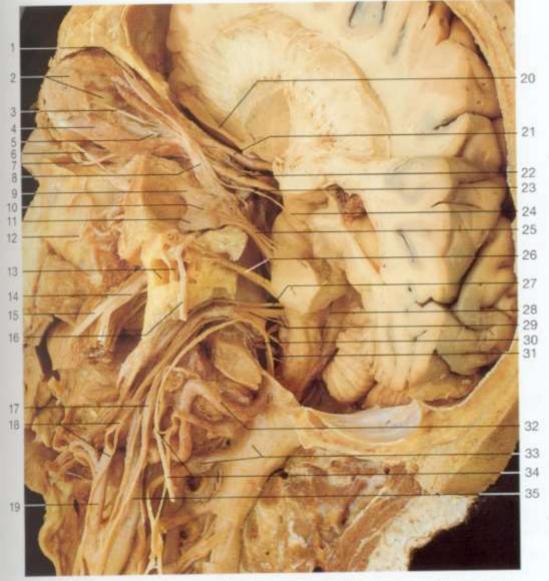
Non lesional procedures

Microvascular decompression of the CN V root







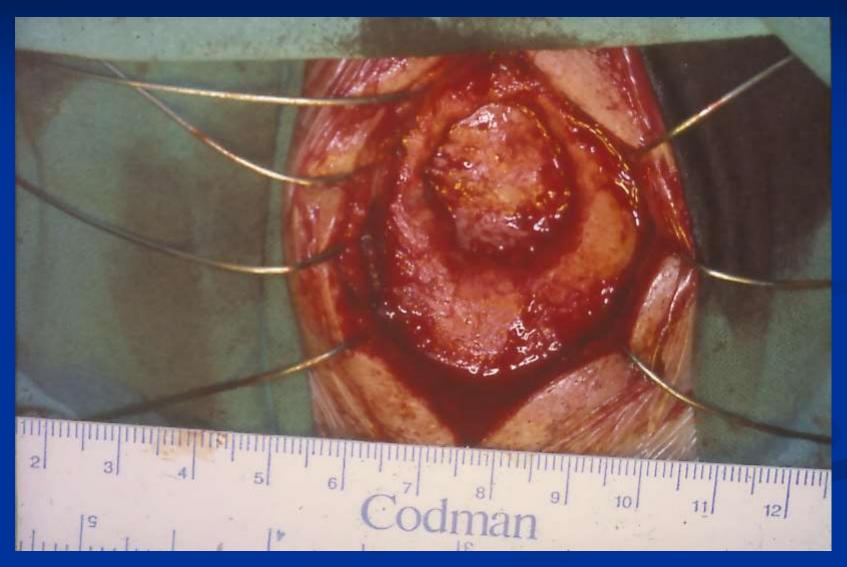


Mozgové nervy v spojení s mozgovým kmeňom (pohľad zľava zhora). Ľavá polovica klenby lebky a mozgová hemisféra čiastočne odstránené. Zreteľná poloha ganglion trigeminale

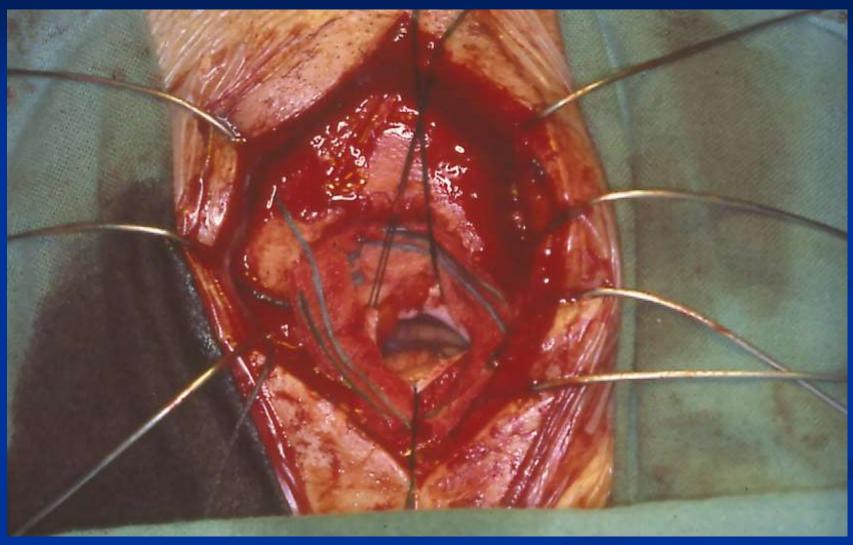






























# Casistica personale

642 pazienti

- 196 decompressioni vascolari microchirurgiche
- 308 microcompressioni percutanee del ganglio di Gasser
- 138 termocoagulazioni percutanee selettive del ganglio di Gasser



#### RESULTS EVALUATION

Complete Pain Relief = no pain, no medication

Partial Pain Relief = at least 50% of analgesia,
 medications needed

Poor Pain Relief = less than 50% of analgesia,
 other procedures needed

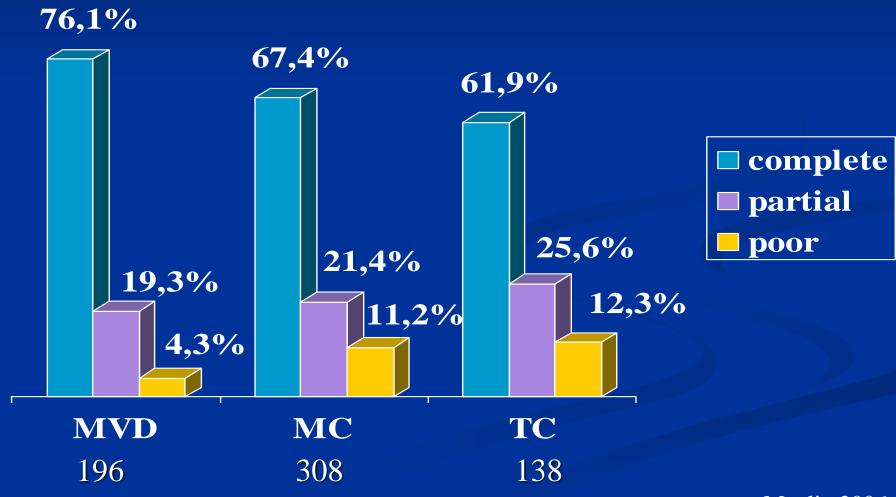


#### MEAN FOLLOW-UP = 68 months

MIN 12 months
MAX 200 months

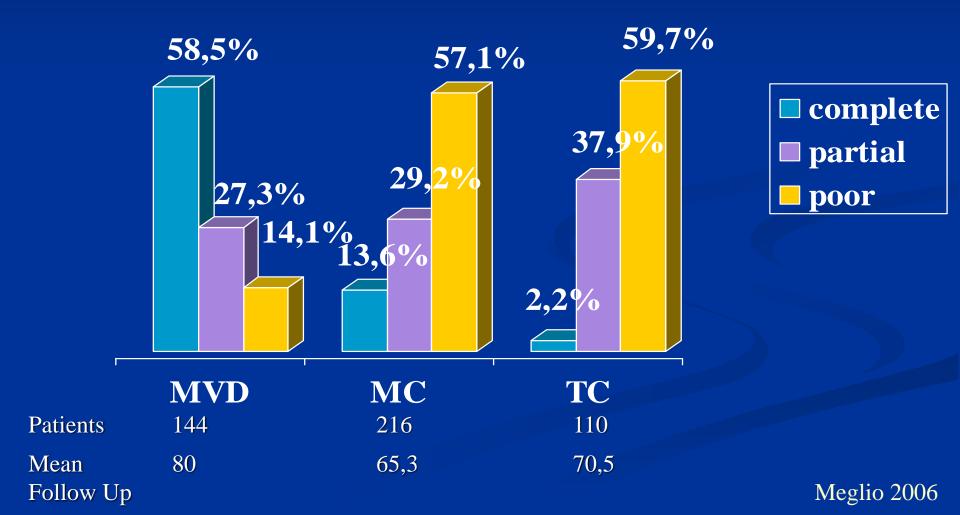


## ACUTE RESULTS (642 cases)





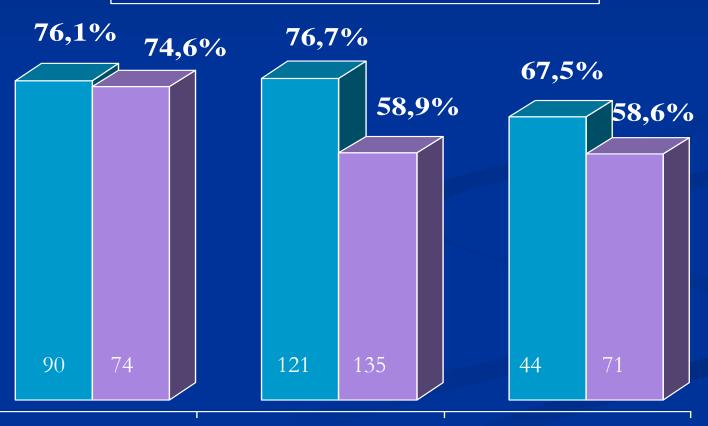
## LONG TERM RESULTS (470 cases)





### ACUTE RESULTS MVD-MC-MT



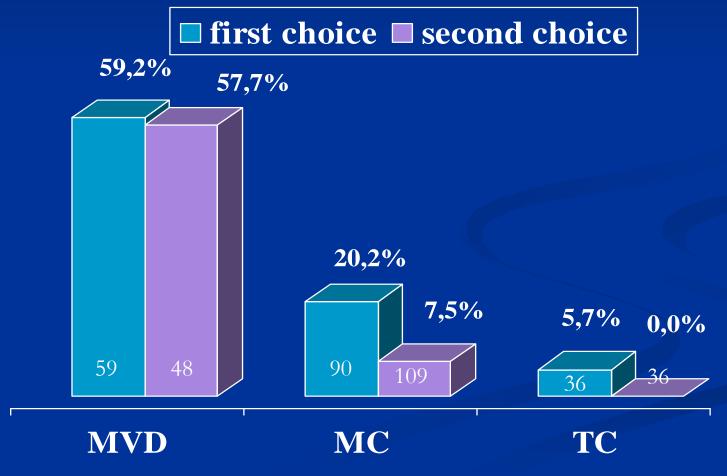


MVD MC TC

Meglio 2002

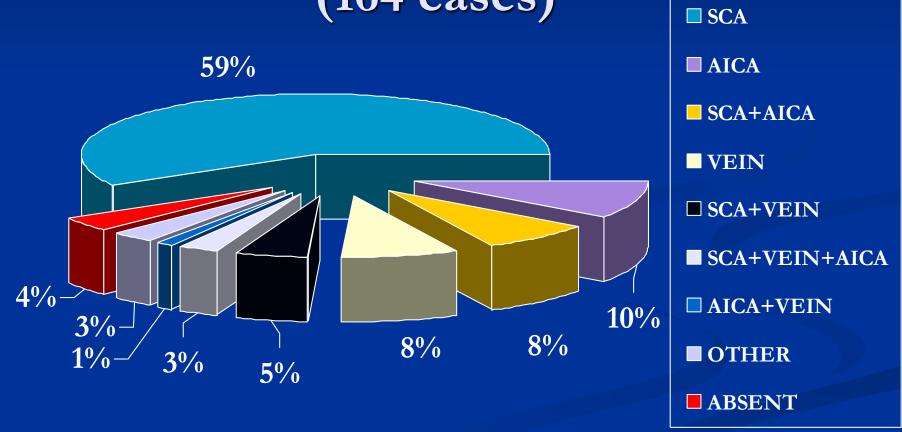


### LONG TERM RESULTS MVD-MC-TC





# MVD Surgical findings (164 cases)





### UNCLEAR NEUROVASCOLAR CONFLICT

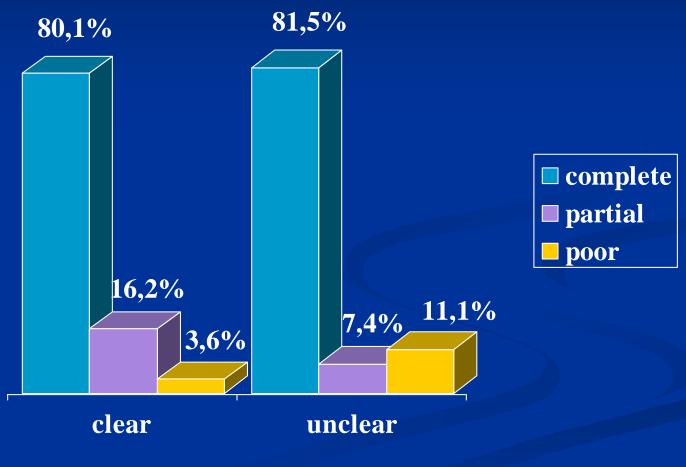
28 patients with no clear neurovascolar conflict

12 neurolysis of the V nerve

16 only exploration



# ACUTE RESULTS Type of compression



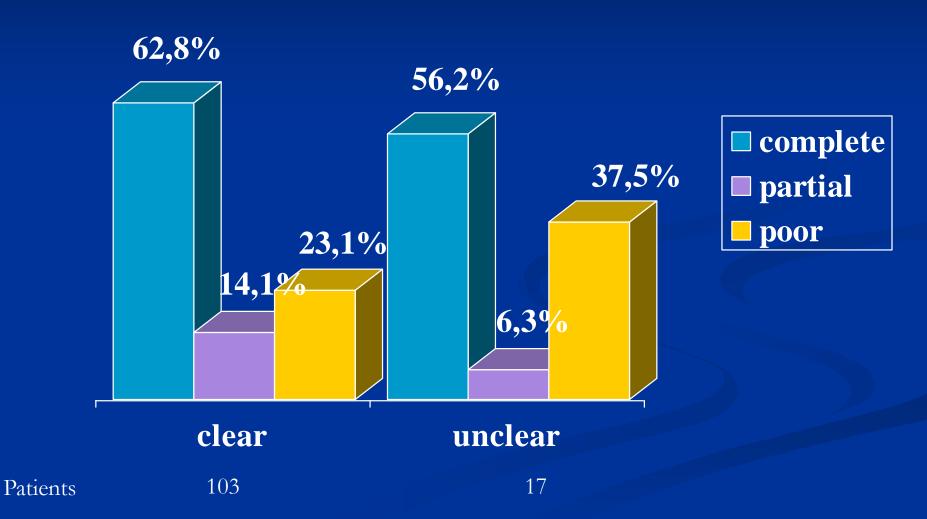
Patients

136

28



# LONG TERM RESULTS Type of compression

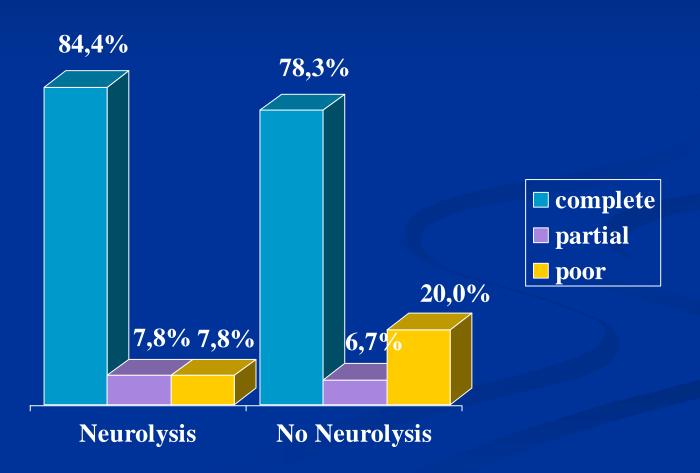


Lost: 44

Meglio 2002

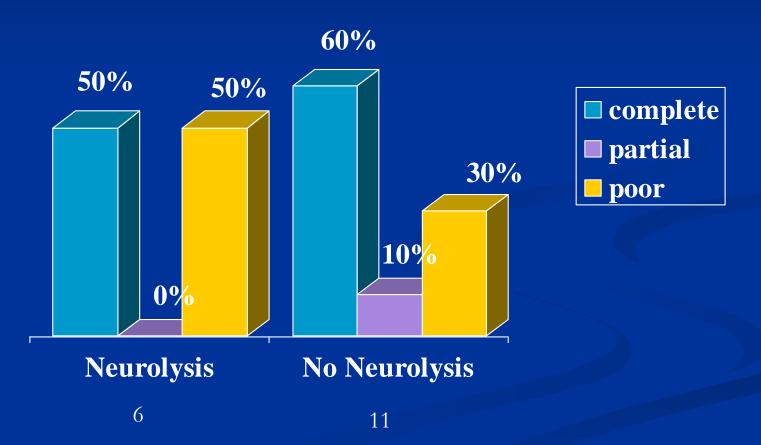


# UNCLEAR NEUROVASCOLAR CONFLICT Acute results





# UNCLEAR NEUROVASCOLAR CONFLICT Long term results



Lost: 11

Patients



# COMPLICATIONS TC (138 cases) 8,69%

Dysesthesia

10 cases (7,2%)

Facial hematoma

1 cases (0,7%)

Motor deficit of V CN

1 cases (0,7%)



# COMPLICATIONS MC (308 cases)

9,4%

Dysesthesia

10 (

16 cases (5,1%)

Intraoperative hemmorhage

5 cases (1,6%)

Motor deficit of V CN

3 cases (0,9%)

Sepsis

1 case (0,4%)

Ageusia

1 case (0,4%)

Keratitis

1 case (0,4%)

Facial hematoma

2 case (0,4%)

Miocardial infarction

1 case (0,4%)



# COMPLICATIONS MVD (196 cases) 9,1%

IV CN deficit

Trigeminal hypoesthesia

Trigeminal disesthesia

VII CN deficit

VIII CN deficit

2 cases (1%)

11 \* cases (5,6%)

0

1 case (0,5%)

4 \*\* cases (2%)

<sup>\*\*</sup> permanent in 3 cases

<sup>\*</sup> permanent in 2 cases



## Trigeminal neuralgia Mean time of recurrence

**MVD** 

MC

TC

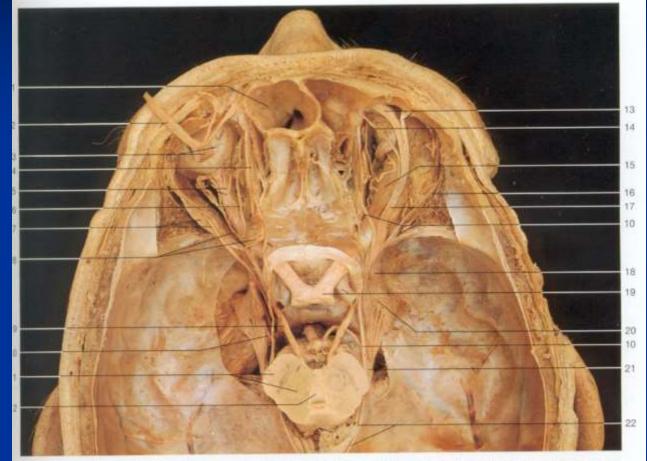
12,7

17,1

21,5

(months)



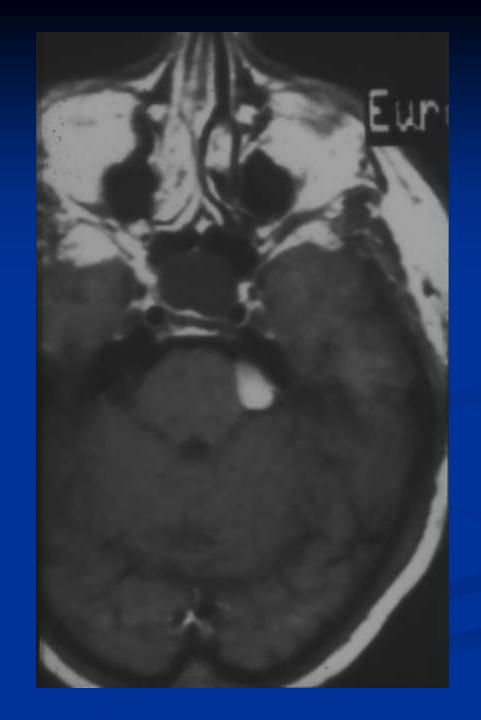


Mozgové nervy orbity (pohľad zhora). Vpravo — povrchová vrstva, vľavo — stredná vrstva útvarov očnice. V strope očnice vyrezané okienko, m. rectus sup. a n. frontalis prefatě a odklopené dozadu. Tentorium a dura mater čiastočne odstránené

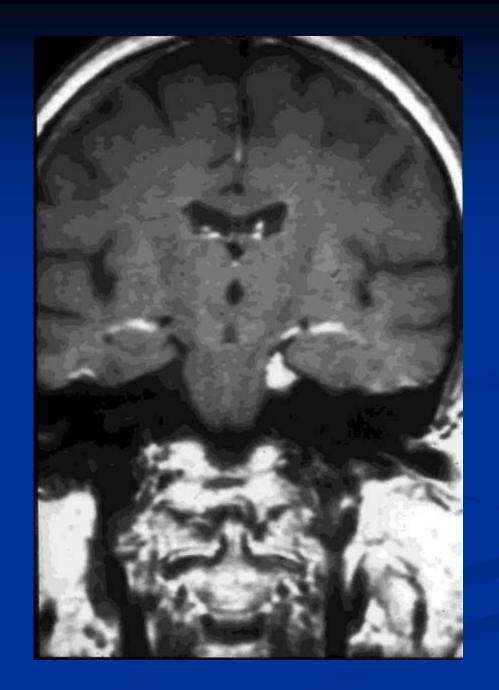
#### < k strane 70

- 21 n. abducens (n. VI; prerezaný)
- 22 n. trigeminus (n. V)
- 23 ggl. trigeminale
- 24 n. maxillaris (n. V<sub>2</sub>) a for. rotundum
- 25 n. mandibularis (n. V<sub>3</sub>)
- 26 meatus acusticus ext.
- 27 nn. pterygopalatini
- 28 nn. temporales prof.
- 29 n. buccalis
- 30 n. massetericus
- 31 n. auriculotemporalis
- 32 trochlea a m. obliquus sup.











### RADIOFREQUENCY

Series	Number patients	Acute results	Long term results
Broggi, 1990	1000	95%	18% recurrence at 9 yr.
Taha, 1995	154	99%	55%
Kanpolat, 2001	1600	97,6%	57,7% after 5 yr. 52,3% after 10 yr. 41% after 20 yr.
Tronnier, 2001	206	83%	50% after 2 yr.



### **MICROCOMPRESSION**

Series	N. patients	Acute results	Long term results
Peragut et al, 1991	70	97,5%	77,5%
Abdennebi et al, 1997	200	-	62,5%
Correa and Teixeira, 1998	158	90%	20% recurrence at 7 yr.
Skirving et al, 2001	496	98,1%	80,8% within 5 yr. 68,1% within 10 yr.
Shih-Tseng,2003	80	100%	95%at 1yr
Brown and Pilitsis, 2005	56	92%	85% at 2 yr
Pollock, 2005	112	93%	72% at 3 yr



Pollock, 2005

### MICROVASCULAR DECOMPRESSION

72% at 3 yr

	DECOMPRESSION				
Series	Number patients	Acute results	Long term results		
Piatt and Wilkins, 1984	103	-	77%		
Bederson e Wilson, 1989	252	-	83%		
Jannetta et al, 1995	1185		70% after 10 yr.		
Klun, 1992	178	94%	84%		
Broggi et al, 2000	148	-	84,7%		
Tronnier et al, 2001	225	89%	64% after 20 yr.		
Tyler-Kabara et al, 2002	2003	80%	73% at 5 yr.		
Theodosopoulos et al, 2002	420	87%	72% at 5 yr.		
Ashkan, 2004	80	99%	25,5% at 30 mth		
Shi-Ting et al, 2005	45	97.8%	93,3%		

55



	Patients (%)							
	Percutaneous Techniques				Posterior Fossa Exploration			
8:	Radiofrequency Rhizotomy (Curved Electrode) (n = 500)	Radiofrequency Rhizotomy (n = 6205)	Glycerol Rhizotomy (n = 1217)	Balloon Compression (n = 759)	Microvascular Decompression (n = 1417)	Partial Trigemina Rhizotomy (n = 250)		
Procedure completed	100	100	94	99	85	100		
Initial pain relief	98	98	91	93	98	92		
Success of procedure	98	98	85	92	83	92		
Pain recurrence	20	23	54	21	15	18		
Facial numbness	98	98	60	72	2	100		
Minor dysesthesia	9	14	11	14	0.2	5		
Major dysesthesia	2	10	5	5	0.3	5		
Anesthesia dolorosa	0.2	1.5	1.8	0.1	0	5 1		
Corneal anesthesia	3	7	3.7	1.5	0.05	3		
Keratitis	0.6	1	1.8	0	0	3 0 0		
Trigeminal motor dysfunction	7	24	1.7	66	0	0		
Permanent cranial nerve deficit	0	0	0	0		3."		
Perioperative morbidity	0.6	1.2	1	1.7	10°			
Intracranial hemorrhage or infarction	0	0	0	0	1.			
Perioperative mortality	0	0	0	0	0.63			

Table 3. Results of Percutaneous Techniques and Posterior Fossa Exploration for Patients Treated for Trigeminal Neuralgia (Taha and Tew, 1996)